

**STATEWIDE GUIDELINES  
FOR  
HIV PREVENTION COMMUNITY PLANNING  
IN ARIZONA**



**Arizona Department of Health Services  
Office of HIV / AIDS  
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## INTRODUCTION

This document has been prepared by the Arizona Department of Health Services (ADHS) Office of HIV/AIDS in order to guide the processes used by Arizona's three Regional HIV Prevention Planning Groups (RPGs) and the Prevention Planning Group of Arizona (PPGA) to meet the HIV planning needs of the state of Arizona.

These Guidelines outline basic strategies for Planning Groups to follow. All Regional Planning Groups are expected to operate within this minimum set of expectations, and each RPG may develop or revise their by-laws as needed. ADHS encourages all RPGs to tailor their individual processes to more closely reflect each regional group's unique attributes and needs. The PPGA will follow the expectations set forth in the document, with revisions and modifications cleared with ADHS as needed or as dictated by changes at the national level.

ADHS expects that this guidance will require periodic revision and updating in order to be responsive to community planning group input, changes in the Centers for Disease Control and Prevention (CDC) grant requirements, guidance from Arizona's CDC Project Officer and suggestions from the Prevention Planning Group of Arizona.

The following guiding principles for community planning in Arizona reinforce the State Health Department's desire to adhere to CDC guidelines and reaffirm its strong commitment to the independence of local planning bodies.

### GUIDING PRINCIPLES

**Commitment to the fundamentals of Community Planning as outlined in CDC's 2003-2008 *HIV Prevention Community Planning Guidance***

**Recognition of Regional Planning activities as the foundation for statewide planning efforts**

**Affirmation of the independence of Regional Planning Groups**

**Consensus decision-making**

## **PREVENTION PLANNING GROUP OF ARIZONA**

The Prevention Planning Group of Arizona is the Community Planning Group for the state of Arizona in all communication within the state and with national partners.

### **Membership:**

Membership is composed of the following:

Four representatives from each of the regions. The fiscal agent staff person from each region is automatically included. The remaining three representatives will be selected by the regional planning groups.

One representative each from:

- Arizona Department of Health Services, Office of HIV/AIDS
- Arizona Department of Health Services, STD program
- Arizona Department of Health Services, Hepatitis C Program
- Arizona Department of Health Services, Behavioral Health Services
- Arizona Department of Education
- Ryan White Title II Care Consortia and Title I Planning Council (2 reps)
- Arizona Department of Corrections
- InterTribal Council of Arizona

Each of the above groups will select their representative to the PPGA. As emerging needs or areas of specific focus arise, this list may be added to or adjusted as needed.

Eleven at-large members act as representatives of populations impacted by the epidemic, including persons living with HIV/AIDS. These Eleven members will be selected from applications submitted to ADHS. ADHS chose the initial round of members; the Membership Committee will select subsequent members. The PPGA uses at-large members rather than allocating specific membership slots to represent populations affected by the epidemic.

The total base PPGA membership is 32. The group process is facilitated by two co-chairs and the Executive Committee. Of the two co-chairs, one is appointed by and an employee of ADHS. This position is not term-limited. The second co-chair is chosen from the at-large membership and will serve a two-year term. The PPGA will define in its bylaws the procedure for choosing the Community Co-Chair and transferring this position between terms or in cases of a vacancy.

The three regional fiscal agent staff persons serve as a function of their employment and are not subject to term limitations. Term limits are not specified for at-large members, and each at-large member will re-apply annually and may volunteer to define his or her own term limit as desired. A minimum commitment of one year is requested.

The regional representatives will serve terms as set by the RPGs and approved by ADHS. The program or departmental representatives listed above agree to serve for one-year terms, and are welcome to reapply for continued participation at the end of each year.

Overall PPGA membership must remain responsive to the need for Parity, Inclusion and Representation as outlined in the CDC *Guidance* and the composition of PPGA must satisfy the Community Planning Attributes and Indicators as specified by CDC.

### **Conflict of Interest:**

Conflict of Interest is defined as “conflict between the private interests and the public obligations of a person in an official position.”

The CDC *Community Planning Guidance* provides two points to consider about conflict of interest. In the PPGA, conflict of interest occurs when:

1. A member of the PPGA has a direct fiduciary interest (which includes ownership; employment; contractual; creditor, or consultative relationship to; or Board or staff membership) in an organization (including any such interest that existed at any time during the twelve months preceding her/his appointment), with which the PPGA has a direct, financial and/or recognized relationship; and/or
2. When a member of the PPGA knowingly takes action or makes a statement intended to influence the conduct of the PPGA in such a way as to confer any financial benefit on the member, family member(s), or on any organization in which s/he is an employee or has a significant interest.

The PPGA will create a written process to guide how the group will deal with the definition, disclosure, and regulation of conflicts of interest. The policy must include the following elements:

- Informal resolution of conflicts
- Formal procedures for addressing conflict of interest
- A process for seeking dispute resolution

### **Process Management**

Decision-making within the PPGA shall be carried out by means of a consensus process. A consensus model affirms the equal right and responsibility of all members to participate fully in reaching group decisions. All members will be eligible to participate in decision-making. Any member may choose not to participate in consensus, including those persons with an identified conflict of interest.

The PPGA will not allow a member to designate an alternate person to attend meetings and vote in his or her place, and does not allow votes by proxy, either verbally given or written. A voting member must be present to participate in discussion, debate, and decision-making on any issue. If a member cannot be present for a planned consensus process, they are encouraged to discuss their views with fellow PPGA members and/or to submit them in writing to the co-chair, who will share their input with the full group.

The PPGA is committed to preventing grievances through community participation, open communication and a demonstrated willingness to listen and resolve individual, organizational, and community concerns. Informal interventions should always be attempted to resolve problems that may become grievances. However, an appropriate administrative channel will be provided by which individuals or organizations may set forth grievances and appeal decisions made after the informal procedure has been attempted. These procedures are intended to enhance timely fact finding, hearing and decision making in the event of a grievance or appeal, and to ensure fairness for the parties involved.

PPGA will develop a written process and policy for the removal of members who display inappropriate behavior. This process should, at minimum, address the following:

- Definition of actionable inappropriate behavior. For example, inappropriate behavior may include a member who is repeatedly disruptive to meetings, hinders the processes of the PPGA, disrespects another member or staff member with words or actions, etc.
- A procedure specifying the process of membership revocation, including an appeals process

## **Committees and Advisory Bodies**

The PPGA shall operate an Executive Committee with membership specified in its bylaws.

The PPGA shall operate and name its own committees, and determine their appropriate membership and activity schedules. PPGA must establish the committees detailed below and may create additional ad hoc or standing committees as necessary. The following four committees are required (per CDC *Guidance*):

- Membership: This committee will review new member applications and present new members to the full group. This body will also partner with ADHS to conduct new member orientation and be responsible for handling the additional training needs of new and continuing PPGA members to ensure parity among all group members
- Epidemiology: This committee will work with ADHS staff and the full group PPGA to analyze data and develop epidemiological reports for the state. The committee will describe the purposes and principles of HIV epidemiology to the PPGA and

emphasize the value of epidemiologic data in assessing the region's current epidemic. This group will also study the statewide Integrated Epidemiologic Profile and assess the need for collecting appropriate STD, Hepatitis C, teen pregnancy, and other surrogate data for the PPGA to consider during the priority setting process

- CSA/Evaluation: This committee gives detailed feedback to ADHS as to the appropriate scope, content, and implementation of the Community Services Assessment and advises the PPGA as to the weighting of CSA information during the Priority Setting process. Components of the Community Services Assessment should include descriptions of the information to be collected, the needs of populations at risk for and/or living with HIV infection, the prevention activities/interventions currently and previously implemented in populations at risk, the most recent program evaluation/QA data, and other sources of information highlighting HIV prevention needs and service gaps.

This committee also studies prevention program evaluation feedback from ADHS and providers, and provides guidance as to appropriate ways to present evaluation data to the full PPGA.

- Priority Setting: This committee works to integrate information from the Regional Planning Group recommendations, epidemiology updates, Integrated Epidemiologic Profile, and Community Services Assessment to develop a list of prioritized target populations and appropriate science-based prevention interventions for the Comprehensive HIV Prevention Plan. Broad representation on this committee is encouraged.

## **Organizational Structure**

The ADHS HIV Community Planning Coordinator will serve as the state appointed Co-Chair to the PPGA. In addition this person will be the primary contact person between PPGA and Regional Planning Body members for all business related to HIV community planning in Arizona. The membership of the PPGA will elect one person to serve as Community Co-Chair for the group.

## **Setting Priorities**

Two of the PPGA's most important duties are to: (1) identify and prioritize populations most at risk for HIV infection in the state of Arizona and (2) construct a list of evidence-based interventions most likely to prevent HIV infection in those priority populations.

## **Priority Populations**

In accordance with CDC requirements, PPGA will identify HIV-infected persons as their highest-priority population. Additional priority populations will be identified per the CDC *Guidance* procedures.

## **Interventions**

Recently, ADHS began to require that proposed HIV prevention interventions in Arizona be scientifically sound, theoretically based, and rigorously evaluated. Some of these programs are located within the Diffusion of Effective Behavioral Interventions Project (DEBI; <http://www.effectiveinterventions.org/>); Procedural Guidance for Selected Strategies and Interventions (CDC, 2003; [http://www.cdc.gov/hiv/partners/AHP/CBOProcedures\\_15Dec03\\_FinalDraft\\_2.pdf](http://www.cdc.gov/hiv/partners/AHP/CBOProcedures_15Dec03_FinalDraft_2.pdf)); and, to a more limited extent, from CDC's *Compendium of HIV Prevention Interventions with Evidence of Effectiveness*. All of these documents recognize the critical importance of adaptation and tailoring of interventions to fit the needs and unique attributes of local populations, though the guides also caution that fidelity to core attributes of interventions must be maintained in order to ensure their effectiveness.

This decision is in line with CDC's recent counsel that: "Health departments are strongly encouraged to use scientifically proven interventions, such as those in the *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* or the *Diffusion of Effective Behavioral Interventions*, or to formally evaluate the outcomes of other interventions." (Health Department Interim Progress Report: January 1 – June 30, 2004 Program Announcement 04012, p. 5).

In addition, the CDC has recently determined that Partner Counseling and Referral Services is to be the top priority intervention in each U.S. Jurisdiction.

## **Epidemiologic Profiles**

In accordance with CDC's *Community Planning Guidance* and *Integrated Guidelines for Epidemiologic Profiles*, ADHS reaffirms its commitment to providing epidemiologic data and epidemiology technical assistance to PPGA. The Epidemiology Section will also generate the statewide Integrated Epidemiologic Profile in consultation with community stakeholders and the ADHS Prevention and Ryan White Title II programs.

## **Concurrence**

The PPGA State Appointed Co-Chair and the Community Co-Chair will solicit input from PPGA membership related to concurrence with the ADHS application for continuation funding the HIV Prevention Cooperative Agreement. The two chairs will sign the letter of Concurrence.

## **REGIONAL PLANNING GROUPS**

The use of the term Community Planning Group (CPG) is reserved for the statewide Prevention Planning Group of Arizona. With the shift from three separate CPGs to one statewide PPGA, the regional groups are asked to ensure that their group names do not include the term “CPG”. Thus, this document refers to the three Regional Planning Groups, or RPGs, that operate in the Northern, Central and Southern parts of Arizona.

Regional Planning Groups are to prioritize populations and make recommendations about strategies to focus interventions for each region of the state. In addition, the RPGs are encouraged serve as a focus for community-generated prevention activities. With these two areas of focus the three Regional Planning Groups will act in their dual roles of advisory groups to the PPGA and as agencies for HIV prevention in their local communities and regions.

### **Membership:**

Regional Planning Group membership should reflect and represent the communities in their jurisdiction/region at increased risk for HIV infection, including those persons living with HIV disease.

Each RPG will determine and specify in writing which selection and nomination processes work best for their region, keeping in mind that the membership must remain open and responsive to the need for Parity, Inclusion and Representation. Active recruitment is required in order to target and encourage participation from persons representing infected and affected communities, the racial, cultural and economic diversity of the region, and a variety of professional and educational backgrounds.

RPG membership in Arizona exists as an open process. Members may join or leave at any point in the planning cycle. Any individual interested in joining the RPG will be eligible and encouraged to apply for membership. Those interested in running for leadership positions must reside within the region they wish to represent.

At a minimum, each member of the RPG is strongly encouraged to participate on at least one Subcommittee per 3-year planning cycle.

Each RPG will include in their membership policies a statement defining what constitutes an excused absence from meetings, and how many absences a member is allowed before membership privileges are suspended or abolished.

### **Conflict of Interest:**

Conflict of Interest is defined as “conflict between the private interests and the public obligations of a person in an official position.”

The CDC *Community Planning Guidance* provides two points to consider about conflict of interest. In the RPG setting conflict of interest occurs when:



1. An appointed voting member of the RPG has a direct fiduciary interest (which includes ownership; employment; contractual; creditor, or consultative relationship to; or Board or staff membership) in an organization (including any such interest that existed at any time during the twelve months preceding her/his appointment), with which the RPG has a direct, financial and/or recognized relationship; and/or
2. When a member of the RPG knowingly takes action or makes a statement intended to influence the conduct of the RPG in such a way as to confer any financial benefit on the member, family member(s), or on any organization in which s/he is an employee or has a significant interest.

Each RPG should create a written process to guide how the group will deal with the definition, disclosure, and regulation of conflicts of interest. The policy must include the following elements:

- Informal resolution of conflicts
- Formal procedures for addressing conflict of interest
- A process for seeking dispute resolution from the PPGA and/or State AIDS Director if other methods are not successful

## **Process Management**

Each RPG is to include the ADHS funded planning facilitator as a state-appointed member of the leadership group (i.e. co-chair, co-facilitator, etc.)

Decision-making within each community planning group shall be carried out by means of a consensus process, the specifics of which will be customized by each RPG. A consensus model affirms the equal right and responsibility of all RPG members to participate fully in reaching group decisions. All active members will be eligible to participate in decision making once they have completed their regional RPG's membership requirements.

State Health Department representatives and advisory members (those who are not regular members but attend meetings to assist RPGs with particular issues) will not participate in the formal consensus process, although RPG members are free to solicit their input during the discussion period. Any member may choose not to participate in consensus, including those persons with an identified conflict of interest.

Arizona RPGs will not allow members to designate an alternate person to attend meetings and vote in his or her place, and will not allow votes by proxy, either verbally given or written. A consensus member must be present to participate in discussion, debate, and decision-making on any issue. If a member cannot be present for a planned consensus process, they are encouraged to discuss their views with fellow PPGA members and/or to submit them in writing to the co-chair, who will share their input with the full group.

RPGS are committed to preventing grievances through community participation, open communication and a demonstrated willingness to listen and resolve individual, organizational, and community concerns. Informal interventions should always be attempted to resolve problems that may become grievances. However, an appropriate administrative channel should be provided by which individuals or organizations may set forth grievances and appeal decisions made after the informal procedure has been attempted. These procedures are intended to enhance timely fact finding, hearing and decision making in the event of a grievance or appeal, and to ensure fairness for the parties involved.

Each RPG will develop a written process and policy for the removal of members who display inappropriate behavior. This process should, at minimum, address the following:

- Definition of actionable inappropriate behavior. For example, inappropriate behavior may include a member who is repeatedly disruptive to meetings, hinders the processes of the RPG, disrespects another member or staff member with words or actions, etc.
- A procedure specifying the process of membership revocation, including an appeals process involving the Prevention Planning Group of Arizona and ADHS HIV/AIDS Office Chief

### **Committees and Advisory Bodies**

Each RPG shall operate and name its own committees, and determine their appropriate membership and activity schedules.

### **Setting Priorities**

Regional Planning Groups will describe highest risk populations based on epidemiologic information and gaps analysis. These populations will be submitted to the PPGA for consideration as statewide priority populations. RPGs must provide input to ADHS regarding strategies to be used to adapt interventions for their locales. Particular emphasis should be placed on guiding the implementation of Partner Counseling and Referral Services (PCRS) in the regions.

Recently, ADHS began to require that proposed HIV prevention interventions in Arizona be scientifically sound, theoretically based, and rigorously evaluated. These programs are located within the Diffusion of Effective Behavioral Interventions Project (DEBI; <http://www.effectiveinterventions.org/>); Procedural Guidance for Selected Strategies and Interventions (CDC, 2003; [http://www.cdc.gov/hiv/partners/AHP/CBOPcedures\\_15Dec03\\_FinalDraft\\_2.pdf](http://www.cdc.gov/hiv/partners/AHP/CBOPcedures_15Dec03_FinalDraft_2.pdf)); and, to a more limited extent, from CDC's *Compendium of HIV Prevention Interventions with Evidence of Effectiveness*. All of these documents recognize the critical importance of adaptation and tailoring of

interventions to fit the needs and unique attributes of local populations, though the guides also caution that fidelity to core attributes of interventions must be maintained in order to ensure their effectiveness.

This decision is in line with CDC's recent counsel that: "Health departments are strongly encouraged to use scientifically proven interventions, such as those in the Compendium of HIV Prevention Interventions with Evidence of Effectiveness or the Diffusion of Effective Behavioral Interventions, or to formally evaluate the outcomes of other interventions." (Health Department Interim Progress Report: January 1 – June 30, 2004 Program Announcement 04012, p. 5).

In addition, the CDC has recently determined that Partner Counseling and Referral Services are to be the top priority intervention in each U.S. Jurisdiction.

### **Epidemiologic Profiles**

In accordance with CDC's Community Planning Guidance and Integrated Guidelines for Epidemiologic Profiles, ADHS reaffirms its commitment to providing epidemiologic data and epidemiology technical assistance to community planning groups. The ADHS Epidemiology Section will generate a standardized set of regional epidemiologic data to each RPG on a yearly basis, and will seek to provide additional customized data and assistance as requested by RPG Epidemiology committees. The Epidemiology Section will also generate the statewide Integrated Epidemiologic Profile in consultation with community stakeholders and the ADHS Prevention and Ryan White Title II programs.

## Statewide Schedule of Activities and Reports

	Activity	Support Information	Time Frame
PPGA and ADHS	Statewide CPG	ADHS Community Planning Guidance document	3-year Planning Cycle
	Comprehensive Statewide HIV Prevention Plan / Progress Reports	Updated regional priority input	New Comprehensive Plan every 3 years Plan Updates yearly Progress reports x2/yr
	Evaluation of Community Planning	Annual Community planning Survey; meeting evaluations; PPGA member input	Annual
RPG's	Prioritized Populations	Epi updates; other data Epi Profile; AED model	New populations every three years
	Intervention Strategies	Monthly Reports/ QA/ Evaluations	New strategies very three years
	Forum for regional community mobilization and prevention activities	Input from members	Ongoing

ADHS	CDC Cooperative Agreement Application	PPGA plans and ADHS priorities	Annual
	Comprehensive HIV Prevention Plan	From PPGA recommendations	Every three years with annual update
	CDC progress reports	Input from contractors, PPGA, and monitoring data	Two times per year
	Epi Updates	ADHS staff	Annual
	Integrated Epi Profile	ADHS staff	Every three years
	Community Services Assessment	ADHS; PPGA, CSA committee; regional and community input; program data	Every three years

ADHS	CDC Grant Application	PPGA Plans	Annual
	Statewide Comprehensive HIV Prevention Plan	From regional recommendations	Every three years with yearly update
	CDC Progress Reports	Input from RPGs; PEMS data	Twice yearly
	Epi Updates	ADHS Epi committees	Annual
	Integrated Epidemiologic Profile	ADHS Epi committees	Every three years
	Community Services Assessments	CSA committee Community input; program data, etc.	Every three years